PTO/SB/17 (10-08) Approved for use through 06/30/2010. OMB 0651-0032

Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1261 Extension for response within first month 130.00 fee (no small entity discount) Registration No. (Attorney/Agent) 47,522 Telephone (212) 527-7700	Under the Paperwork Red	uction Act of 1995	o no person are required to	U.S. Pater	nt and Tradema	rk Office; U.S. DEI	PARTMENT OF	COMMERCE	
FEE TRANSMITTAL For FY 2009 Applicant olimins small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (8) 940.00 At third 3746 TOTAL AMOUNT OF PAYMENT (9) 940.00 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number Other (please identify): Check of Credit Card Money Order None Other (please identify): Deposit Account Number Other (please identify): Check of Credit Card Other (please identify): Check of Credit Card Other (please identify): Charge fee(s) indicated below Charge are additional fee(s) or underpayments of credit Card Check of Credit Card Charge are additional fee(s) or underpayments of credit Card Charge are additional fee(s) or underpayments of credit Card Credit any overpayments FILING FEES SEARCH FEES SEARCH FEES Small Entity Application Type Fee (s) Fe	3							zonitro: mamber	
For FY 2009 First Name Inventor Fabian FAGOTTI	enecu			Application Nu					
For FY 2009 First Name Inventor Fabian FAGOTTI	FFF TRANSMITTAL			Filing Date	Α				
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (5) \$40.00 Attorney Docket No. 04306/0204990-USO METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 04-0100 Deposit Account Number: 04-0100 Deposit Account Number: 04-0100 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee (s) indicated below. Charge fee(s) indicated below. Charge fee(s) indicated below. To the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below X Charge fee(s) indicated below. Charge fee(s) indicated below, except for the filing fee (s) indicated below. To the filing fee (s) indicated below, except for the filing fee (s) indicated below. To the filing fee (s)				First Named In	ventor F				
METHOD OF PAYMENT (check all that apply)	For	FY 2005	<u>, </u>	Examiner Name			d		
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Check Credit Card Money Order 04-0100 Deposit Account Name Darby & Darby P.C. X Deposit Account Deposit Account Number 04-0100 Deposit Account Name Darby & Darby P.C.	TOTAL AMOUNT OF PAYME	ENT	(\$) 940.00	Attomey Docke	t No.	4306/020499	0-US0		
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee (x) Charge fee(s) indicated below, except for the filling fee (x) Charge fee(s) indicated below, except for the filling fee (x) Charge fee(s) indicated below, except for the filling fee (x) Charge fee(s) indicated below, except for the filling fee (x) Charge fee(s) indicated below, except for the filling fee (x) Charge fee(s) indicated below, except for the filling fee (x) Charge fee(s) indicated below, except for the filling fee (x) Charge fee(s) indicated below, except for the filling fee (x) Charge fee(s) indicated below, except for the filling fee (x) Charge fee(s) indicated below, except for the filling fee (x) Charge fee(s) indicated below, except for the filling fee (x) Charge fee(s) indicated below, except for the filling fee (x) Charge fee(s) indicated below, except for the filling fee (x) Charge fee(s) indicated below, except for the filling fee (x) Charge fee(s) indicated below, except for the filling fee (x) Charge fee(s) indicated below, except for the filling fee (x) Charge fee(s) indicated below, except for the filling fee (x) Charge fee(s)	Check Credit	Card M	Ioney Order No	ne Other	(please identify)):			
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X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments X C	For the above-ider	ntified deposit a	account, the Director is	s hereby authoriz	ed to: (check	(all that apply)			
Tee(s) under 37 CFR 1.16 and 1.17									
SEARCH FIELS SEARCH FEES SEARCH FEES Small Entity Fee (\$) Fee (\$									
Filling FEES Small Entity Fee (\$) Fee	FEE CALCULATION					· · · · · · · · · · · · · · · · · · ·			
Papelication Type	1. BASIC FILING, SEARC	H, AND EXAM	INATION FEES						
Application Type									
Utility	Application Type						Fees Pa	aid (\$)	
Plant	Utility	330							
Reissue 330 165 540 270 650 325 Provisional 220 110 0 0 0 0 0 0 2. EXCESS CLAIM FEES	Design	. 220	110 100	50	140	70			
Provisional 220 110 0 0 0 0 0 0 0 0	Plant	220	110 330	165	170	85			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$) Indep. Claims Fee (\$) Fee Paid	Reissue	330	165 540	270	650	325			
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- or HP =	Multiple dependent claims	;					390	195	
HP = highest number of total claims paid for, if greater than 20. Indep. Claims			Fee (\$) F	ee Paid (\$)					
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1261 Extension for response within first month 130.00 ### Application No. (Attomey/Agent) 47,522 Telephone (212) 527-7700			eater than 20.		Fee	(\$)	Fee Paid (\$)		
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1261 Extension for response within first month 130.00 ### Application No. (Attomey/Agent) 47,522 Telephone (212) 527-7700	Indep. Claims Ex	ctra Claims	Fee (\$) F	ee Paid (\$)				-	
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Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1261 Extension for response within first month 130.00 fee (no small entity discount) ### 130.00 SUBMITTED BY Signature Registration No. (Attorney/Agent) 47,522 Telephone (212) 527-7700	100 =		50 =	(round up to a wh	ole number) x		=		
Other (e.g., late filing surcharge): 1261 Extension for response within first month 130.00 1801 Request for continued examination (RCE) (see 37 810.00 SUBMITTED BY Signature Registration No. (Attorney/Agent) 47,522 Telephone (212) 527-7700	4. OTHER FEE(S)						Fees P	aid (\$)	
SUBMITTED BY Signature Registration No. (Attorney/Agent) Reflection No. (212) 527-7700							400		
SUBMITTED BY Signature Registration No. (Attorney/Agent) 47,522 Telephone (212) 527-7700	Other (e.g., late filing s					(see 37			
Signature Registration No. (Attorney/Agent) 47,522 Telephone (212) 527-7700	SUBMITTED BY	////	#			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(Attomey/Agent) 47,522 Telephone (212) 527-7700			th	Registration No.	47 500	Talash:	(242) 527	7700	
	الممالي		N -		41,022	Date			

SUBMITTED BY		1////	//				,
Signature	Meni	Volken		Registration No. (Attorney/Agent)	47,522	Telephone	(212) 527-7700
Name (Print/Type)	Louis J. D	elJuidice				Date	May 13, 2009



Attorney Docket No.: 04306/0204990-US0

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MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

on May 13, 2009

Date

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Typed or printed name of pers	son signing Certificate
Registration Number, if applicable	Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)

One Month Request for Extension of Time

Under 37 CFR 1.136(a) (1 page)

Request for Continued Examination Transmittal (1 page)

Charge \$940.00 to deposit account 04-0100

Return Receipt Requested